

## LETTER OF REFERENCE FORM

New Hampshire Office of Licensed Allied Health Professionals  
Respiratory Care Practitioner Governing Board  
Philbrook Building, 121 South Fruit Street, Concord New Hampshire 03301

### APPLICANT'S INFORMATION:

Full Name of the Applicant: \_\_\_\_\_  
First Name Middle Initial Last Name

### WRITER'S INFORMATION:

*The writer must be an individual currently holding a license in a regulated health care profession and who is familiar with the applicant's professional abilities. See Resp 302.04(h) and Resp 302.05 for complete details on the requirements to complete this form.*

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

State of Licensure: \_\_\_\_\_ License Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Phone Number: \_\_\_\_\_

### DESCRIBE HOW THE WRITER KNOWS THE APPLICANT AND THE NUMBER OF YEARS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(If more room is needed attach a separate sheet)**

I have completed this entire form personally and do hereby attest to the good moral character, professional competence, and respiratory care practitioner skill of \_\_\_\_\_.  
It is without reservation that I submit this letter of recommendation for New Hampshire Respiratory Care Practitioner licensure.

Date: \_\_\_\_\_ Writer's Signature: \_\_\_\_\_

March 2, 2015